Preparation Checklist for Applicants

Before you start your application for the Summer Youth Employment Program (SYEP), it's important to gather the necessary documents and information. Also, allocate about 30-45 minutes to complete your application.

Required Documents and Information:

- Social Security Card: Keep a copy of your Social Security card at hand.
- **Proof of School Enrollment:** This could be your current school ID or a recent report card.
- **Valid Email Address:** Ensure you have a working email address for communications. Please do not use your school email address.
- **Resume or Cover Letter:** Please provide either a resume or a cover letter. If you lack work or volunteer experience to showcase in a resume, a cover letter detailing why you should be selected for the SYEP is an excellent alternative.
- **Program Capacity:** The SYEP has a limited number of spots available; therefore, the selection process will be highly competitive.
- **Interviews:** A interview will be a part of the selection process.

Application Tips

- 1. Show Your Best Self: We encourage you to put your best foot forward. Thoroughly answer each question, demonstrating your unique qualities and eagerness for the program.
- 2. Reach Out for Help: If you encounter any issues, please contact us at 281-401-4086 or twooten@tomballtxedc.org. We're here to assist you throughout the process.

This application is your gateway to an enriching summer experience. We're excited to discover more about you and your career aspirations!



Summer 2024 Youth Employment Application

Fill out the information below and attach any required documentation.

Eligibility To Work

Please note that eligibility for the Summer Youth Employment Program (SYEP) requires applicants to be authorized to work in the United States. If you are not authorized to work in the United States, unfortunately, you cannot continue with this application.

DATE OF APPLICATION:		*SOCIAL SECURITY NUI	*SOCIAL SECURITY NUMBER:	
*NAME:				
	LAST	FIRST	MIDDLE	
*ADDRESS:				
	STREET	(APT)	CITY, STATE, ZIP	
*PHONE NUMBER:				
*EMAIL:				
*SEX: O MALE				
*DO YOU IDENTIFY	' AS AN INDIVIDUAL W	/ITH A DISABILITY? O YES O N	NO	
*ETHNIC ORIGIN:	O WHITE (NOT HIS	PANIC OR LATINO)		
	OHISPANIC OR LAT	ΓΙΝΟ		
	OBLACK OR AFRIC	CAN AMERICAN (NOT HISPANIC OF	R LATINO)	
	OAMERICAN INDIA	N OR ALASKA NATIVE (NOT HISPA	NIC OR LATINO)	
	ONATIVE HAWAIIAN	N OR OTHER PACIFIC ISLANDER (1	NOT HISPANIC OR LATINO)	
	○TWO OR MORE R	RACES (NOT HISPANIC OR LATINO)	
*DO YOU SPEAK A	NY OTHER LANGUAGE	E, BESIDES ENGLISH? O YES	NO	
,	•	SE LIST THE LANGUAGES YOU ARE G., BASIC, INTERMEDIATE, ADVANC		
,	•			

EDUCATION RECORD

YOUTH EMPLOYMENT/VOLUNTEER EXPERIENCE

PREVIOUS EXPERIENCE (PLEASE LIST MOST RECENT FIRST)

*PLEASE ATTACH A COPY OF YOUR RESUME WHEN SUBMITTING YOUR APPLICATION. IF YOU DON'T HAVE PREVIOUS WORK EXPEREINCE, PLEASE ATTACH A COVER LETTER TO THIS APPLICATION THAT DETAILS WHAT CLASSES, PROGRAMS, AND/OR SPECIAL ACTIVITES THAT YOU HAVE BEEN INVOLVED WITH THAT SHOWS YOUR INTREST/ABILITY TO HANDLE THE JOB YOU ARE APPLYING FOR.

*COMPANY NAME:		
*START DATE:		
*COMPANY ADDRESS:		
*ROLE/TITLE:	(APT/STE)	CITY, STATE, ZIP
*JOB NOTES, TASKS PERFORMED AND R		
*COMPANY NAME:		
*START DATE:		
*COMPANY ADDRESS:		
*ROLE/TITLE:	(API/SIE)	
*JOB NOTES, TASKS PERFORMED AND R		
*COMPANY NAME:		
*START DATE:	*END DATE:	
*COMPANY ADDRESS:STREET		
*ROLE/TITLE:		CITY, STATE, ZIP
*JOB NOTES, TASKS PERFORMED AND R		

CAREER INTREST TO EXPLORE

If selected for the 2024 SYEP, the following list of industries will assist us in locating a placement for you. We will do our best to place you in your area of interest however, placement depends on availability.

*PICK AT LEAST 3 AREAS OF INTEREST:	
○ AUTOMOTIVE	
OCONSTRUCTION AND TRADES	
ODISTRIBUTION	
○E-COMMERCE	
OFINANCIAL SERVICES	
○ HEALTHCARE	
OLAW AND LEGAL	
OMEDIA AND ENTERTAINMENT	
○ MANUFACTURING	
○WH0LESALE	
OTHER:	

Certification: I certify that the information on this application and its attachments is true and correct to the best of my knowledge and that there is no intent on my part to defraud. I authorize inquires as to the validity of this information. The data may be distributed to employers and social services agencies for the purpose of obtaining training and/or employment. I understand that providing false information on this application and it's attachments can result in me being declared ineligible for participation or terminated, if already enrolled, and I may be subject to prosecution under the law. I further certify that I fully understand the foregoing.

Applicant's Legal Signature	Date
Signature of referring Teacher and Title	

*PROOF OF SCHOOL ENROLLMENT:

ர் FILE UPLOAD

*RESUME OR COVER LETTER:

ர், FILE UPLOAD

